ACCIRANCE, PERSONAL ACCIDENT INSURANCE

Distribution GUIDE

Select – 01

Desjardins Insurance

LIFE • HEALTH • RETIREMENT

Accirance, Personal Accident Insurance is an individual insurance product.

Desjardins Insurance refers to Desjardins Financial Security Life Assurance Company.

Notice from the Autorité des marchés financiers

This guide does not express the opinion of the Autorité des marchés financiers regarding the quality of the product offered. The *Insurer* is solely responsible for any discrepancies between the wording of the guide and the insurance contract.

Desjardins
Insurance
LIFE • HEALTH • RETIREMENT

200, rue des Commandeurs
Lévis (Québec) G6V 6R2
1-877-270-7721
Fax: 418-833-6546
www.desjardins.com/accirance

This guide is intended for information purposes. It is not your insurance contract. If you still have questions after having read the guide, refer to your insurance contract.

The insurance contract consists of:

1) the GENERAL CONDITIONS;

2) the most recent SPECIAL CONDITIONS;

3) the Insurance Application, where applicable;

4) any rider or appendix confirming a contract update.

For **more information** on Accirance, please contact us at:

1-877-270-7721.

The terms defined in this guide appear in *italics*. The definitions are shown on pages 8 to 11.

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INTRODUCTION

What is the purpose of the Distribution Guide?

The Distribution Guide provides key information about Accirance.

In the absence of guidance from an insurance representative, it will answer any questions you may have and show you how Accirance can meet your needs.

We encourage you to read this guide closely, in particular pages **15, 16, 17, 24, 25** and **26**, which explain the **exclusions and limitations**. The **claim** procedure is also explained on pages **27** to **29**.

Why choose Accirance?

✓ Because Accirance offers protection against the financial consequences of an *accident* at all times, anywhere in the world.

✓ Because the only requirement for coverage is that you be a *Canadian resident*, whether you are an adult or a *child*.

✓ Because for a minimal cost, Accirance provides important coverage not offered by your public healthcare plan.

✓ Because your Accirance contract is renewed automatically, so your coverage will never be interrupted if you inadvertently forget to renew.

✓ Because with Accirance, you can rely on over 50 years of experience in the accident insurance field.

Free look period

The *contract holder* has 30 days from the date the contract is received to read it and notify the *Insurer* if they are not satisfied. At the request of the *contract holder*, the *Insurer* will cancel the contract as of the date it came into force. This date is indicated in the SPECIAL CONDITIONS. The *Insurer* will also refund any premiums paid by the *contract holder*, provided no claims have been submitted.

Definitions

Here are definitions of the terms that appear in *italics* in this guide.

Accident: any bodily injury, certified by a *physician*, resulting directly from a sudden and unforeseen external cause and independent of any illness or other cause.

Age or **aged:** the *age* of the *insured* at the time of the event giving rise to a *benefit*.

Benefit: an amount paid by the *Insurer*. Under the conditions of the contract, the *benefit* can be a lump sum, a reimbursement of expenses incurred, or a monthly annuity. For the *Insurer* to pay a *benefit*, an event insured under the contract must have occurred.

Canadian resident: a person who is legally authorized to live in Canada and who resides in the country for at least 6 months per year.

Child: any person under *age* 25 who is the *child* or grandchild of the *contract holder*, an *insured* or either of their *spouses*.

Coma: a definite diagnosis of a state of deep unconsciousness with no reaction to external stimuli or response to internal needs for a continuous period of at least 96 hours, and for which period the Glasgow coma score must be 4 or less. The diagnosis of *coma* must be made by a neurologist practising in Canada.

Common carrier: any vehicle operated by a carrier authorized to transport passengers by air, sea or land.

Contract holder: a person age 18 or older who signs a contract with the *Insurer* and who is a *Canadian resident* when the contract takes effect. This person is considered to be the owner of the contract, and may also be an *insured*. Their name appears in the most recent SPECIAL CONDITIONS.

Dismemberment or loss of use: the permanent severance or the complete and permanent *loss of use* of:

1) one finger and all of its phalanges, without loss of the hand;
2) one hand and the wrist joint, without loss of the arm;
3) one arm and the elbow joint;
4) one toe and all of its phalanges, without loss of the foot;
5) one foot and the ankle joint, without loss of the leg;
6) one leg and the knee joint;
7) *sight* in one eye, speech or *hearing*.

To be considered permanent, the *loss of use* must last for at least six months.

Fracture: the violent rupture of the larynx, the trachea or a bone.

Healthcare facility:

1) A facility where people are seen for the purpose of:
   a) preventive care;
   b) medical diagnoses;
   c) *treatment*; or
   d) physical or mental rehabilitation.
2) Unless otherwise indicated, the *Insurer* recognizes as a *healthcare facility* any facility that meets the definition of the term "centre" under Quebec's *Act respecting health services and social services*. This act covers, among others:
   a) hospitals;
   b) hospital centres;
   c) residential and long-term care centres;
   d) rehabilitation centres; and
   e) local community service centres.

3) However, the definition of *healthcare facility* does not include:
   a) private practices;
   b) infirmaries where religious or teaching institutions receive members of their staff or students;
   c) convalescent, rest, or long-term care homes, or homes for the chronically ill;
   d) homes for the aged.

Hospitalization: a stay in a *healthcare facility*.

Insured: any person whose name is indicated in the most recent SPECIAL CONDITIONS under the section "Insured(s)". Moreover, they must be a *Canadian resident* when their Accirance contract takes effect. The SPECIAL CONDITIONS are sent to the *contract holder* after they have applied for coverage.

Insurer: Desjardins Financial Security Life Assurance Company (Desjardins Financial Security).

Loss of hearing or **"loss of use of hearing":** permanent *loss of hearing* diagnosed by an ear-nose-and-throat specialist practising in Canada. The *insured* must have an auditory threshold of more than 90 decibels within a speech-frequency range of 500 to 3,000 Hz.

Loss of sight or **"loss of use of sight":** permanent *loss of sight* diagnosed by an ophthalmologist practising in Canada. The *insured* must have a corrected visual acuity of less than 20/200, or a field vision of less than 20 degrees.

Orthosis: a rigid orthopedic appliance designed to protect, immobilize or support a limb or another part of the body. The *orthosis* is directly attached to the body part requiring treatment.

Parent: the *contract holder*, an *insured* or their *spouse* if one of their *children* is insured under this contract.

Physician: any person, other than the *insured*, who is licensed to practise medicine and who does not live with the *insured* or the *contract holder*.

Reasonable expenses: expenses paid for services that do not exceed the normal rates for these services in the region where they are provided.

Renewal period: the period between the date the notice of renewal is sent out by the *Insurer* and the date on which the current period of insurance ends.

Spouse: the *spouse* of the *contract holder* or an *insured* is the person who:

1) is married to or living in a civil union with the *contract holder* or *insured*; or
2) can prove that he or she and the *contract holder* or an *insured* have been living in a conjugal relationship for at least 12 months; or
3) can prove that he or she and the *contract holder* or *insured* have been living in a conjugal relationship and that they had a *child* together.

This person must not have been separated from the *contract holder* or *insured* for 90 days or more as a result of a breakdown in the relationship. The *Insurer* is not responsible for the validity of the designation of *spouse*.

Student: a person under *age* 25 who is a duly registered, full-time *student* at an educational institution that is recognized by the appropriate government authorities.

Total disability or **"totally disabled":** a *student's* state of incapacity which totally prevents them from performing any gainful employment or from continuing their studies. This incapacity must be the result of an *accident* and require continuing medical care. If the *student* requires specialized medical care, they must receive it from an appropriate specialist to be considered *totally disabled*.

Treatment(s):

1) consultations with a *physician*, another healthcare professional or a paramedical professional, or care received from such persons;
2) medical examinations;
3) use of medications; or
4) *hospitalization*.

1- PRODUCT DESCRIPTION

a) Purpose of the insurance

Accirance is an individual insurance contract that provides for the payment of a *benefit* if the *insured* sustains an *accident*.

b) Summary of conditions and features

Who is eligible?

All *Canadian residents* are eligible for Accirance. However, the *contract holder* must be age 18 or older.

Eligible persons are covered under the insurance if their names appear in the most recent SPECIAL CONDITIONS and the required premium is paid.

Children born while this coverage is in force will be automatically insured under Accirance from the day they are over 14 days of age. No premium is required for these *children* until the next contract renewal.

What is the age limit?

Accirance may be purchased at any age since the risk of an *accident* exists throughout one's life.

How can I enrol?

The *contract holder* can apply for coverage by calling 1-877-888-4873.

Will I have to answer any health questions?

You do not have to answer any questions about your health to obtain Accirance. You are automatically insured without a medical exam.

When does the coverage take effect?

Your coverage takes effect on the day after you apply.

The insurance period for which the premium was paid is indicated in the SPECIAL CONDITIONS. The start of the insurance period corresponds to the effective date of your coverage.

What coverage is offered?

Accirance provides comprehensive *accident* coverage. It provides for the payment of *benefits*:

1) in case of accidental death;

2) in case of *dismemberment* or *loss of use*;

3) in case of *fracture*;

4) in case of *coma*;

5) in case of non-accidental death;

6) for some medical and paramedical expenses;

7) for some dental expenses;

8) for some transportation and accommodation expenses;

9) for some educational costs;

10) to compensate a *student* for the loss of summer employment in the event of *total disability*;

11) in case of *hospitalization*.

A. Insurance in case of death, dismemberment, fracture, coma or loss of use

If, as the result of an *accident*, the *insured* suffers one of the losses listed in the SCHEDULE OF LOSSES below, the *Insurer* pays a *benefit*. The *benefit* is a lump sum equal to the insurance amount indicated for the loss suffered.

SCHEDULE OF LOSSES

***Dismemberment or loss of use* of**	
two of the following body parts: hand, foot, arm, leg or *sight* in one eye	$500,000
hearing in both ears and speech	$500,000
one hand, one foot, one arm or one leg	$250,000
hearing in both ears or speech	$250,000
sight in one eye or *hearing* in one ear	$75,000
one finger or one toe (per finger or toe)	$5,000

Death of an *insured* under *age* 25 at the time of the *accident*	
accidental death while on board a *common carrier*	$1,000,000
accidental death, due to other circumstances	$40,000

Death of an *insured* *age* 25 or older at the time of the *accident*	
accidental death while on board a *common carrier*	$1,000,000
accidental death, due to other circumstances	$100,000

Fracture	
skull*, spine (except the coccyx), pelvis, hip	$3,500
rib, sternum, coccyx, larynx, trachea, shoulder blade, humerus, patella, tibia, fibula or femur	$1,000
bone not included above	$250

* The skull includes the frontal, sphenoid, ethmoid, occipital, parietal and temporal bones.

Coma	
for a duration of 96 consecutive hours or longer	$40,000

CAUTION

Exclusions and limitations to the Insurance in case of death, dismemberment, fracture, coma or loss of use

1) **An *insured* who is *aged* 75 or over on the date of the *accident* is entitled to only 50% of the *benefits* provided for in the SCHEDULE OF LOSSES.**

2) **If an *insured* sustains multiple losses described in the SCHEDULE OF LOSSES as a result of the same *accident*, the *Insurer* pays a single *benefit*. The *benefit* paid is the one that corresponds to the highest amount provided in the SCHEDULE OF LOSSES for the losses sustained.**

3) **The total amount paid under the coverage is limited to $500,000 per *insured* per *accident*. This maximum is $1,000,000 per *insured* per *accident* in the event of accidental death on board a *common carrier*.**

4) **If more than two *insureds* covered under a same Accirance contract die accidentally on board a *common carrier*, the insurance amount payable by the *Insurer* is limited to $2,000,000. The *benefit* payable for each *insured* is reduced proportionately.**

5) If, as the result of the same *accident*, more than two *insureds* covered under multiple Accirance contracts die accidentally on board a *common carrier*, the total insurance amount payable by the *Insurer* is limited to $10,000,000 for all *insureds* combined. The *benefit* payable for each *insured* is reduced proportionately.

6) The *Insurer* pays a lesser *benefit* if an *insured* dies as the result of an *accident* while travelling in a *common carrier* as a:

- **a) driver;**
- **b) pilot;**
- **c) crew member; or**
- **d) non-paying passenger.**

The *benefit* paid will be the amount provided for accidental death due to other circumstances.

7) If, as the result of an *accident*, the *insured*:

- **a) sustains one or more of the losses described in the SCHEDULE OF LOSSES; and**
- **b) dies as the result of this *accident* within 365 days immediately following the *accident*;**

the *Insurer* pays only the accidental death *benefit*.

8) For a *benefit* to be payable for a *fracture*, the *fracture* must be diagnosed within 30 days following the *accident*.

9) No *benefit* will be payable for medically induced *comas*, *comas* which result from alcohol or drug abuse or for diagnoses of brain death.

B. Insurance in case of non-accidental death

The *Insurer* pays a $20,000 *benefit* if an *insured aged* over 14 days but under 25 years dies a non-accidental death.

CAUTION

Exclusion to the Insurance in case of non-accidental death

The *Insurer* pays no *benefit* if death occurs during the 12 months following the effective date of this coverage and is the result of:

1) suicide; or

2) a health problem for which the *insured* received one or more *treatments* during the 6 months prior to the effective date of the contract or the date this *insured* was added to the contract.

This condition also applies during the 12 months following any reinstatement of the contract following a period of interruption.

C. Medical and paramedical coverage

The *Insurer* pays a lump sum or reimburses *reasonable expenses* incurred for an *insured* as the result of an *accident*, for the following care, services or items:

1) the services of a registered nurse if prescribed by the attending *physician*. The *Insurer* pays a lump sum equal to $50 per day for a maximum of 30 days per *accident*;

2) the services of a:
   a) chiropractor;
   b) occupational therapist;
   c) osteopath;
   d) physiotherapist; or
   e) orthotherapist;

   The *Insurer* pays a lump sum equal to $25 per *treatment*, up to $250 per *accident* for

all of these professionals combined. These professionals must be members in good standing of their professional association.

3) emergency transportation immediately following an *accident* up to a maximum of $10,000 per *accident*;

4) the purchase or rental of a cane, crutches, pressure garments or a walker up to a maximum of $500 per *accident*;

5) the purchase or rental of a wheelchair up to a maximum of $5,000 per *accident*;

6) the purchase of an initial hearing aid or artificial eye, up to a maximum of $700 for each prosthesis (for a hearing aid, the *Insurer* pays a lifetime maximum of $700 per *insured*);

7) the replacement of broken prescription eye glasses or contact lenses, up to $300 per *accident*;

8) the purchase or rental of an *orthosis*, up to $400 per *accident*.

D. Dental care coverage

When an *insured* receives dental care as the result of an *accident*, the *Insurer* pays the following lump sums, up to a maximum of $1,250 per *accident*:

1) $250 per natural and healthy tooth that must be treated or replaced; and

2) $250 for the repair or replacement of dentures.

E. Transportation and accommodation coverage

If, as the result of an *accident*, the *insured* must incur transportation and accommodation costs to receive *treatments*, the *Insurer* pays a lump sum equal to $75 per day for a maximum of 10 days per *accident*, subject to the following conditions:

1) the *treatments* must not be available within 50 km of the *insured's* home;

2) the 50-km distance is based on a one-way trip only.

This insurance also covers transportation and accommodation expenses incurred by the *parents* (or third party, where applicable) of a hospitalized insured *child* to remain at that *child's* bedside. The *child* must be hospitalized because of an *accident* and the *healthcare facility* must be located more than 50 km from their home. This *benefit* is subject to the maximum amounts per *accident* stipulated above.

F. Educational costs coverage

The *Insurer* reimburses all of the following expenses if, solely as a result of an *accident*, an insured *student* becomes *totally disabled*.

1) **Private tutoring** – The *Insurer* reimburses *reasonable expenses* incurred by the *student* for private tutoring subject to the following conditions:

   a) the *total disability* must require the *student* to interrupt their studies for a continuous period of at least 30 days;

   b) the private tutoring must be part of the *student's* normal curriculum;

   c) the private tutoring must be provided by a person with an appropriate teaching diploma;

   d) reimbursed expenses are limited to a maximum rate of $30 per hour;

   e) the maximum reimbursement is $3,500 per *accident*.

2) **School transportation** – The *Insurer* reimburses *reasonable expenses* incurred by the *student* for school transportation, subject to the following conditions:

   a) the insured *student* is unable to use their usual means of transportation to go to and from school;

b) the expenses reimbursed are limited to a maximum of $15 a day;

c) the maximum reimbursed is $150 per *accident*.

3) **Reorientation expenses** – The *Insurer* reimburses *reasonable expenses* incurred by the *student* for training, if they have to change their field of study due to a *total disability*.

Reimbursement of these expenses is limited to a lifetime maximum of $4,000 per *student*.

4) **Tuition fees** – The *Insurer* pays the portion of tuition fees not refunded by the educational institution if the *total disability* occurs during a semester for which the *student* incurred such expenses.

Reimbursement of these expenses is limited to a maximum of $2,000 per *accident*.

G. Monthly benefit payable during school holidays

If, as a result of an *accident*, an insured *student* is *totally disabled* during the summer vacation period, the *Insurer* pays a monthly *benefit* for this vacation period.

The maximum *benefit* is $850 a month and is used to make up for the loss of summer employment, subject to the following conditions:

1) the *accident* must have occurred during the school year;

2) the *student* must be *age* 16 or over;

3) the *benefit* is paid as of the 8th day of *total disability*; no *benefit* is therefore payable for the first 7 days of *total disability*;

4) the insured *student* must be under the care of a *physician* during the entire period of *total disability*;

5) *benefit* payments terminate when the *total disability* ends or no later than the end of the vacation period;

6) *benefits* are payable during the holiday period set by the *student's* educational institution. This period must fall between May 1 and August 31 of the same year.

H. Insurance in case of hospitalization

If an *insured* is hospitalized as the result of an *accident*, the *Insurer* pays a lump sum equal to $75 for each complete and consecutive 24-hour period of *hospitalization*, for a maximum of 30 days per *accident*. **However, no amount is payable for the first 24 hours of any period of *hospitalization*.**

If several *insureds* who are members of the same family are hospitalized due to an *accident*, the *Insurer* pays this amount for each *insured*.

How is the cost of the insurance calculated?

The premium is based on:

1) the age of each *insured* on the effective date of the contract or its subsequent renewal date;

2) the sex of each *insured*;

3) the frequency of payments.

When the contract is signed, the *contract holder* authorizes the *Insurer* to deduct the periodic premium required to maintain the contract in force. The *Insurer* can deduct this amount either from the *contract holder's* chequing account or credit card account.

The *Insurer* collects the first premium a few days after the insurance is taken out.

What happens if premiums are not paid?

If a premium is not paid by the date specified in the SPECIAL CONDITIONS, the *Insurer* sends the *contract holder* a Cancellation Notice. The *contract holder* has 30 days from the date the Cancellation Notice is sent to pay the premium. The insurance contract will remain in force

during this period. Please note that the 30-day period does not apply if the *contract holder* has informed the *Insurer* that they would like to cancel the contract or for the first premium.

The *contract holder* must also notify the *Insurer* of any change of address or change regarding the financial institution through which premiums are paid. **If the *Insurer* is not notified of these changes and is unable to collect the premiums, the *Insurer* assumes that the *contract holder* wishes to terminate the contract.** Coverage is terminated at the end of the 30-day premium payment period provided for in this contract. This period does not apply if the *contract holder* has indicated a desire to terminate the contract.

Who receives the benefits payable?

The *Insurer* pays the *benefits* as follows:

1) in case of the **reimbursement of expenses incurred**:

   to the *contract holder*;

2) in case of the **death** of an *insured*:

   a) to the *contract holder* if living; otherwise
   b) to the designated beneficiary if living; otherwise
   c) to the legal heirs of the *insured*;

3) in case of the **payment of other *benefits*** for an *insured* (for example: in case of *fracture*):

   a) if the *insured* is under age 18 on the *benefit* payment date, to the *contract holder* if alive; otherwise, to the *insured's* guardian;
   b) if the *insured* is age 18 or over on the *benefit* payment date, to the *insured*.

What is the duration of the insurance contract?

The duration of the insurance contract is indicated in the SPECIAL CONDITIONS.

Is the renewal of the contract guaranteed?

The *Insurer* advises the *contract holder* in writing of the contract renewal 30 to 60 days prior to the expiry date. Unless otherwise notified by the *contract holder*, the contract is renewed automatically on the expiry date, provided that the premiums are paid.

The *Insurer* renews the contract based on the method of payment in effect when the insurance was applied for or at the last renewal.

Modification and cancellation of the contract

At renewal, the *Insurer* may modify the contract provided that all Accirance contracts in the same category are also modified and the *contract holder* is notified at least 30 days in advance. **The *Insurer* considers that the *contract holder* has accepted the change 30 days after receiving the notice.**

The *contract holder* may, at any time, ask the *Insurer* to change or terminate the contract by contacting the *Insurer* by phone and the request takes effect the following day.

The effective date of the change is, however, different if the *contract holder* submits a request during a *renewal period*. If the *contract holder* requests a change during this period, it only takes effect on the start date of the next insurance period. Similarly, if the *contract holder* asks the *Insurer* to cancel the contract during a *renewal period*, the contract is only terminated on the date of the end of the current insurance period.

The telephone number of the *Insurer* appears on page 3 of the Guide.

Exclusions and limitations

1) In addition to the exclusions and limitations in sections A and B of this guide, no *benefits* are paid for an *accident* that occurs in the following cases:

a) if the *accident* results directly or indirectly from an intentionally self-inflicted injury or attempted suicide. This restriction applies whether the *insured* is sane or insane;

b) if an illness, an impairment or infection contributed to the bodily injury;

c) if the bodily injury is due to an illness or an infection contracted accidentally;

d) if the bodily injury is due to a complication or other events resulting from a *treatment*;

e) if the *accident* is the result of a war, whether declared or not, a riot, a revolution or an act of terrorism;

f) if the *accident* occurs while the *insured* is participating in any criminal act or related offence;

g) if the *accident* results from the *insured's* participation in one of the following activities:

i) gliding or hang gliding;
ii) parachuting;
iii) climbing or mountain climbing;
iv) underwater diving;
v) bungee jumping;
vi) rodeo;
vii) go-karting;

h) if the *accident* occurs while the *insured* is:

- **i) taking part in a sporting activity for which they are paid;**
- **ii) taking part in a motor vehicle competition; or**
- **iii) training for a motor vehicle competition;**

i) if the *accident* occurs after the *insured* has abused medication or alcohol or if the *insured's* blood contains traces of drugs. Abusive use of medication is that which exceeds the dosage recommended by a health specialist. Abusive use of alcohol is that which results in a blood alcohol level equal to or above level 80 mg of alcohol per 100 ml of blood;

j) the *Insurer* does not pay the *benefits* provided for in sections C, F and G (pages 17 to 21) if the claim is for a reimbursement of expenses incurred and is payable by:

- **i) any government agency; or**
- **ii) any other private insurance plan;**

k) if the expenses are incurred more than 104 weeks after the *accident*;

l) if the care or services are provided by a person who is related to the *insured* or the *contract holder*;

m) if the *accident* is solely the result of *treatment*, surgery or anesthesia;

n) in the event of accidental death, *dismemberment or loss of use* occurring more than 52 weeks after the *accident*. This exclusion does not apply, however, if the *insured* is in a coma at the end of this period. In this case, the *Insurer* determines the *benefits* payable, where applicable, at the end of the coma.

2) Multiple contracts:

a) If an *insured* is covered under several Accirance contracts with a cost-free period, they are entitled to *benefits* under only one of these contracts. If there are several contracts with a cost-free period to consider when determining a *benefit* amount, the *Insurer* will select the most advantageous one.

b) At any time, regardless of the number or type of Accirance contracts in force for one *insured*, this *insured* is entitled to *benefits* under only two of these contracts. The *Insurer* considers the two most advantageous contracts when determining the *benefits* payable. However, in compliance with the above, only one contract with a cost-free period will be taken into consideration for the payment of a *benefit*.

3) The *Insurer* does not pay any claims under $5.

Furthermore, the *Insurer* does not pay any *benefits* unless it has first obtained the authorization required for the collection and disclosure of personal information.

This authorization can be given by:

a) the *contract holder*; or

b) any other individual who claims to be entitled to the *benefits*.

Refer to the CLAIMS section of this guide (page 27) for more details on the information, evidence or documents the *Insurer* may require.

4) The *Insurer* does not reimburse any premiums if a claim has already been approved under the contract.

c) When does coverage terminate?

Coverage terminates for all *insureds* under the same contract on the earlier of the following dates:

1) the date on which the *contract holder* asks the *Insurer* to cancel the contract. On receipt of the request, the *Insurer* cancels the coverage and refunds the *contract holder* the unused portion (in days) of the premium. However, an administrative fee will be deducted by the *Insurer* from the refund amount. If the *contract holder* makes the request during a *renewal period*, the contract then terminates on the date the current insurance period expires;

2) the date on which the 30-day period granted to pay the premium lapses following the *Insurer's* Cancellation Notice;

3) the date on which a claim is found to contain fraudulent statements or omissions.

The *Insurer* may terminate the contract provided that all Accirance contracts in the same category are also terminated. It must also advise the *contract holder* in writing at least 30 days in advance.

2- CLAIMS

a) Submitting claims

All claims must be submitted to the *Insurer* in writing within 30 days of the event giving rise to *benefits*.

You can submit a *benefit* claim by visiting www.desjardins.com/accirance, or you can call 1-877-886-5042 and the *Insurer* will send you the necessary forms.

Claims must be sent to the following address:

Desjardins Financial Security
Case postale 520, succursale Lévis
Lévis (Québec) G6V 7E2

Claims may be submitted by the *contract holder* or, in case of the death of the *contract holder*, any person of the age of majority who claims to be entitled to *benefits*.

The *Insurer* may request any information, proof or any other document it deems necessary to examine a claim. This information, proof or document must be provided to the *Insurer* within 90 days following the date of the claim.

A claim is not necessarily refused if the claim or the proof and information required are not received within the time specified. However, a valid reason for missing the deadline must be presented. In such cases, the required documents must be sent to the *Insurer* within the year following the date of the event giving rise to the claim.

When a claim is submitted, the *Insurer* reserves the right to have the *insured* examined by a *physician* of its choice.

b) Insurer's reply

Once the *Insurer* approves the claim, it pays the *benefit* within 60 days of receiving the proof required for the payment.

If the *Insurer* does not approve the claim or only pays a portion of the *benefit*, it sends a letter to the claimant explaining the reasons for its decision. It sends the letter within 60 days following receipt of the documents requested to examine the claim.

c) Appeal of the Insurer's decision and recourse

If the *Insurer* does not approve the claim, additional information can be submitted and a second review requested. This option is also available to beneficiaries.

The law provides a maximum of 3 years (period of prescription) to contest the *Insurer's* decision.

If you are a Quebec resident and want to know more about your rights, you can call the Autorité des marchés financiers at 418-525-0337 or 1-877-525-0337, or talk to a lawyer.

Coordination of benefits

If an *insured* is covered under more than one insurance plan (private or public), the total amount of *benefits* that may be paid to reimburse expenses can never exceed the expenses actually incurred.

If an *insured* is covered under one or more plans that do not provide for the coordination of *benefits* with other plans, the *insured* must first be reimbursed by these other plans. The *Insurer's* responsibility is then limited to the portion of expenses that are not reimbursed under these other plans.

If the other plans include a provision regarding the coordination of benefits, *benefits* will be divided proportionally between these plans and that of the *Insurer*, based on the amounts that should have been paid under each plan.

3- SIMILAR PRODUCTS

Similar products are also available on the market. Check whether or not you already have insurance that provides the same coverage as that described in this guide.

4- AUTORITÉ DES MARCHÉS FINANCIERS (QUEBEC RESIDENTS ONLY)

For more information on the *Insurer's* and the distributor's obligations towards you, you can contact the Autorité des marchés financiers at:

Place de la Cité, Tour Cominar
2640, boulevard Laurier, bureau 400
Québec (Québec) G1V 5C1
Telephone: 418-525-0337 or 1-877-525-0337
Fax: 418-525-9512
Website: www.lautorite.qc.ca

5- DISSATISFIED? LET US KNOW.

As a responsible company that is attentive to the needs of its clients, Desjardins Financial Security wants to provide products and services that meet our clients' expectations. However, if you are dissatisfied with any of our products or services, please let us know by following the steps below.

1. Contact the person or business you purchased the product from

You can find the number by consulting the literature you received when you purchased the product in question. Ask for explanations. In most cases, a simple call is all it takes to get the answers you are looking for.

2. Call our Customer Service Centre

If you are not fully satisfied with the explanations provided in step 1, contact our Customer Service Centre at 1-866-838-7584. Our staff is very familiar with our products and will certainly be able to help you.

3. Write to our Dispute Resolution Officer

If you are not satisfied with the explanations you receive from our Customer Service Centre, you may file a complaint with Desjardins Financial Security's Dispute Resolution Officer. This person's role is to assess the merits of the company's decisions and the soundness of its practices.

Please write to:

Dispute Resolution Officer
Desjardins Financial Security
200, rue des Commandeurs
Lévis (Québec) G6V 6R2

Or email: disputeofficer@dfs.ca

You can also call the Officer at 1-877-838-8185.

For more information on the procedure to follow in the event of a problem or complaint, please visit our website at www.dfs.ca/complaint, where you can also find complaint forms.

Your satisfaction is our priority!

Helpful hints

- Make sure you have all the documents and information required to provide a detailed explanation of the problem (account statements, names of employees in question, dates, etc.).
- Write down the names of the individuals with whom you have spoken, and the dates of your conversations.
- Include your name, address and telephone number in any correspondence.

For **more information** on Accirance, please contact us at:

1-877-270-7721.

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